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**LUKE A. KILYK\***

400 Holiday Court  
Suite 102  
WARRENTON, VA 20186

FAIRFAX OFFICE  
3603-E Chain Bridge Road  
Fairfax, Virginia 22030

Email: [lkilyk@kbpatentlaw.com](mailto:lkilyk@kbpatentlaw.com)  
Website: <http://www.kbpatentlaw.com>

TEL.: (540) 428-1701  
FAC.: (540) 428-1720  
(540) 428-1721

\*Admitted only in PA and DC


PLEASE DIRECT CORRESPONDENCE TO OUR WARRENTON OFFICE

**FACSIMILE TRANSMISSION COVER SHEET**

DATE: October 13, 2006

TO: Examiner Arun S. Phasge  
Group Art Unit 1753  
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RE: U.S. Patent Application No. 09/945,340  
For: CHROMATOGRAPHY AND OTHER ADSORPTIONS  
USING MODIFIED CARBON ADSORBENTS  
Our Ref: 96074CIP2 (3600-011-03)

FROM: Luke A. Kilyk, Esq. 

FAC. TEL. NO.: 1-571-273-8300

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 14

Items Attached: Request for Reconsideration -- 11 pages  
Petition for 1-month Extension of Time -- 1 page  
Fee Transmittal -- 1 page

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 1-571-273-8300 on October 13, 2006.

Kim Blum  
Name (Print)

  
Signature

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0851-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2006				Complete if Known																																																																																																																																																																																																																																																																															
<p style="font-size: 0.8em;">Effective 10/01/2003. Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27</p> <p><b>TOTAL AMOUNT OF PAYMENT</b> (\$120.00)</p> <p><b>METHOD OF PAYMENT</b> (check all that apply)</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Deposit Account</p> <p>Deposit Account Number: 03-0060</p> <p>Deposit Account Name: Cabot Corporation</p> <p>The Director is authorized to: (check all that apply)</p> <p><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>				<p>Application Number: 09/945,340</p> <p>Filing Date: August 31, 2001</p> <p>First Named Inventor: KYRLIDIS et al.</p> <p>Examiner Name: Arun S. Phasge</p> <p>Art Unit: 1753</p> <p>Attorney Docket No.: 96074CIP2 (3600-011-03)</p>																																																																																																																																																																																																																																																																															
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EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b></p> <p>Total Claims Independent Claims: <input type="text"/> -20**= <input type="text"/> X <input type="text"/> = <input type="text"/></p> <p>Multiple Dependent: <input type="text"/> -3**= <input type="text"/> X <input type="text"/> = <input type="text"/></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>360</td> <td>2203</td> <td>180</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>200</td> <td>2204</td> <td>100</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>50</td> <td>2205</td> <td>25</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td><b>(\$ 0.00)</b></td> </tr> </tbody> </table>				Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	1001	790	2001	395	Utility filing fee		1002	350	2002	175	Design filing fee		1003	550	2003	275	Plant filing fee		1004	790	2004	395	Reissue filing fee		1005	160	2005	80	Provisional filing fee		<b>SUBTOTAL (1)</b>					<b>(\$ 0.00)</b>	Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	1202	50	2202	25	Claims in excess of 20		1201	200	2201	100	Independent claims in excess of 3		1203	360	2203	180	Multiple dependent claim, if not paid		1204	200	2204	100	**Reissue independent claims over original patent		1205	50	2205	25	**Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					<b>(\$ 0.00)</b>	<p><b>3. 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<p><b>SUBMITTED BY</b></p> <p>Name (Print/Type): Luke A. Kilyk</p> <p>Registration No. (Attorney/Agent): 33,251</p> <p>Signature: </p>				<p><b>Complete (if applicable)</b></p> <p>Telephone: 1-540-428-1701</p> <p>Date: October 13, 2006</p>																																																																																																																																																																																																																																																																															

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